

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

4550

-62-016998

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 10 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **BARNES HOSPITAL**

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

3823 Burgen Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

JAMES

LOUIS

LAUCK

4. DATE

Month

Day

Year

OF

DEATH

MAY

1

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-29-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur-Kates Distributing Co.

10b. KIND OF BUSINESS OR INDUSTRY

Kelso, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

Aloysius Lauck

13b. MOTHER'S MAIDEN NAME

Henrietta Fable

14. NAME OF HUSBAND OR WIFE

Arabelle V. Lauck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

Arabelle V. Lauck 3823 Burgen Ave.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ENCEPHALOMALACIA, SUSPECTED

INTERVAL BETWEEN

ONSET AND DEATH

1 DAY

DUE TO (b)

CEREBRAL THROMBOSIS

3 DAYS

DUE TO (c)

GASTRO-INTESTINAL BLEEDING, UNDETERMINED SITE

3 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE

332X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-1-61

to

present

and last saw her

him alive on

8-1-62

Death occurred at

10:15 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

5/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

S/S Peter & Paul Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

MAY 3 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

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52-0



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Dunn
Licensed Embalmer No. 4527

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.